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ABSTRACT

An exploratory study using interviews of 150 postpartum patients was conducted to determine their perceptions of the touching they received during labor. Answers to the interview questions were analyzed in terms of overall perceptions, positive experiences, and negative experiences, and selected demographic variables were examined for differences between those who had positive and those who had negative perceptions of touching during labor. The results show that, in general, being touched was a positive experience; young subjects (ages 15 through 19), nonwhites, and single or divorced subjects perceived touch more negatively than older, white, and married subjects. Variables were also analyzed regarding who gave the touch, the part of the body touched, and the meaning of touch to the receiver. Attitudes toward touch were shown to be context-related. Suggestions for hospital staff are given, based on the research results, and several hypotheses are presented for further research. (CC)

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PATIENTS' PERCEPTIONS OF TOUCH DURING LABOR

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Bodily contact is one of the main non-verbal signals used by man (Argyle, 1972). Friends often greet or say goodbye by means of a handshake or hug. Children are held when they have been hurt. The elderly often seek contact through the touch of a hand.

Touch is accepted more readily in some situations and environments than in others. It has been described as a primitive form of communication which arises when verbal symbols are no longer adequate (Mercer, 1966, p. 29). Therefore, even in cultures where little physical contact occurs beyond ritualized handshakes, the use of touch is accepted when one is in a dependent state, is in pain, or is seeking support and reassurance. The barriers and taboos which are set up against the use of touch in this society are lessened when one is ill, bereaved, or undergoing some type of suffering. Helping persons, such as nurses and doctors, are permitted the intimate use of touch with patients as a means of physical care, reassurance, and comfort.

Study of the role of touch in medical contexts can help to reveal the actual usefulness of this communication channel for indicating care and for relieving stress. Mystical writings refer to "the laying on of hands" and recent nursing texts advocate touch as a means of reassuring patients. (See Crawford, 1972, p. 41; Manfreda, 1973, pp. 183-86; Johnson, 1966, pp. 249-257; Durr, 1971, pp. 392-400).

This advice is commonly followed. Barnett (1972) made observations of the "nonnecessary touch" (defined as "primarily affective, a form of personal contact with the patient outside the realm of procedural duties") given five hundred and forty patients over a four week period in two hospitals. She found that touch was used more often on the wards where the highest stress potential existed, e.g., pediatrics, labor and delivery, recovery room, and intensive care areas, than on other wards in the hospitals.

Indeed, touch does seem to have a positive effect. McCorkle (1972) lightly touched the wrists of sixty seriously ill patients while asking them three questions about their feelings and conditions. The same interview, without touch, was done with control patients. She measured significantly ($p < .01$) more positive facial expressions and verbal responses (using Bales interaction analysis) in the experimental group.

However, reactions are not uniform. Day (1973) asked ten medical and ten surgical patients to describe eight slides of nurse-patient interaction involving touch, especially what they did or did not like about the interaction. She found that age, severity of illness, number of previous hospital admissions, and the nurse-patient relationship affected the patients' perceptions of the slides. For example, younger patients (20-30 years of age) seemed more tolerant of the use of touch than did older patients. The younger group perceived touch as a part of the everyday interaction between nurse and patient. The older patients perceived touch as something to be used only when loneliness, depression, or pain existed in the situation. All subjects who had a life threatening disease stated that physical contact was a sign that the nurse "cared." While all subjects saw touch as a positive action by the nurse (although two qualified their responses so that they were not entirely positive) they stressed the need for a good nurse-patient interaction to exist before touch was used.

These general but encouraging findings merit further examination of the meaning to patients of various kinds of touch administered spontaneously, in the course of an actual stressful medical situation, such as the labor period preceding childbirth. Hence, the following research questions were asked: 1) What are the general perceptions that maternity patients have about the touch that they receive during labor? 2) What touch experiences during labor

do maternity patients describe as positive? What touch experiences do they describe as negative? a) What is the relationship between who touched the patient and her perceptions of that touch? b) What is the relationship between the part of the body that was touched and her perceptions of that touch? c) What is the relationship between the meaning or purpose of the touch received (as described by the receiver) and her perceptions of that touch?

One hundred and fifty maternity patients, who had a normal pregnancy, labor, and delivery, were interviewed on the first day following delivery to determine their perceptions of the touch they received during labor.

METHOD

Sample

The setting of this study was the maternity ward of a midwestern university medical center. A family-centered approach to maternity care is used at this hospital. Husbands (or substitute family members) are encouraged to stay with their wives during labor and often observe the delivery of their infants.

The population from which the sample was taken included all patients delivered on the obstetrical service during a two month period. The following criteria were used to define the sample:

a) the subject spoke English;
b) she had a vaginal delivery;
c) she had no medical nor obstetrical complications during labor or pregnancy;
d) she delivered a normal full-term infant (infant weight was 5 lb. 8 oz. or more);
e) subjects who were taken to the delivery room immediately upon admission were excluded from the sample.

During the period of data collection, three hundred and four deliveries occurred. One author (KMP) interviewed every subject who met the above criteria for the sample until one hundred and fifty subjects had been interviewed. Many subjects

had obstetrical or medical complications, premature infants, cesarean sections, or for some other reason did not meet the sample criteria. Three subjects who met the sample criteria refused to participate in the study.

When approaching the subject to be interviewed, the researcher introduced herself as a graduate student who was asking women questions about their labors. The length of labor of these women ranged from one hour and eighteen minutes to eighteen hours and forty-seven minutes. They were having their first, second, third or fourth child. There were one hundred and nine clinic patients and forty-one private patients in the sample. Some women had been to childbirth education classes and some had not. The sample consisted of one hundred and one White, forty-four Black, four Spanish, and one Chinese. The sample included married, separated, divorced, and single women.

Interview

The interview schedule consisted of ten questions related to the subject's feelings about labor and her perceptions of the touch she received during labor:

1. I would like for you to describe your labor experience to me in your own words. For example, describe how you felt, what you thought, what was important to you during labor, and what was helpful to you.

2. Would you say that your labor was better than you expected, about what you expected, or worse than you expected?

3. Did someone stay with you all the time, most of the time, part of the time, or none of the time during your labor?

4. There are a variety of things that women seem to find useful during labor. Some things that women find useful are having someone with them, backrubs, various kinds of breathing techniques, etc. I am going to mention some things and I would like for you to tell me if these things were done for you and if they were, were they annoying, somewhat annoying, neutral, somewhat helpful, or helpful:

rubbing your back
breathing techniques
knowing someone was with you
being touched by another person
medication

(Only the answers related to "rubbing your back" and "being touched by another person" were used for data analysis).

5. Do you think you were touched too much, the right amount, or not enough during labor?

6. Can you describe a situation during your labor where you felt that the touch you received was a positive (good) experience for you?

   a) who touched you?
   b) what part of your body was touched?
   c) why did they touch you or why do you think you were touched?
   d) what did this touch mean to you?
   e) do you think that being touched helped you, hindered you, or had no effect on you in terms of coping with your labor?

Question 7 was identical to question 6 except that the subject was asked to describe a negative experience.

Questions 8 and 9 contained a list of twenty-seven word pairs used to describe separate perceptions about being touched during labor. These word pairs were derived from a review of statements made about touch in sixty articles, books, and theses by forty-five different authors. The statements were grouped into general categories of synonymous words or phrases which were classified as positive, negative, and neutral responses to the use of touch. When reviewing the literature, more positive than negative statements regarding touch were found. Twenty-seven pairs of positive and negative words or phrases were created to be used in the interview to insure that some of the categories found in the literature which describe persons' responses to being touched were available for the subjects' reactions. In this way, we hoped to ascertain face validity of some of the general, ambiguous terms found in the literature as well as to find out subjects' responses to the touch they received during labor.

Each pair of words was plotted on a five point scale with a neutral position in the center. The subject was asked to choose the position which best described how she felt. For example, subjects were asked if they felt accepted, somewhat accepted, neutral, somewhat unaccepted, or unaccepted when someone touched them during labor.

Question 8 stated:

There are a variety of ways that women have described the effects of the touch they received during labor. I am going to go through a list and I would like for you to tell me which word best describes how you felt when someone touched you during labor.

accepted____:____:____:____:____:unaccepted
reassured____:____:____:____:____:frightened
relaxed____:____:____:____:____:tense
understood____:____:____:____:____:misunderstood
closer to the person touching you____:____:____:____:____:more distant from the person touching you
cared for____:____:____:____:____:that your privacy was invaded
supported by another person____:____:____:____:____:left alone
more able to follow directions____:____:____:____:____:distracted
safe____:____:____:____:____:unsafe
more aware of what was happening____:____:____:____:____:less aware of what was happening
comforted____:____:____:____:____:rejected
more aware of what the person touching you was saying____:____:____:____:____:less aware of what the person touching you was saying
respected as an individual____:____:____:____:____:ignored as an individual
more trusting of the person touching you____:____:____:____:____:less trusting of the person touching you
secure____:____:____:____:____:threatened
calm____:____:____:____:____:irritated
encouraged____:____:____:____:____:restrained
able to rely on the other person____:____:____:____:____:wish to be left alone
less nervous____:____:____:____:____:more nervous
warmth____:____:____:____:____:frustration
more able to tell the person touching you how you felt____:____:____:____:____:less able to tell the person touching you how you felt

Question 9 was as follows:

Using the same scale as above, would you say that the touch you received during labor was

warm____:____:____:____:____:mechanical
gentle____:____:____:____:____:rough
supportive____:____:____:____:____:impersonal
excessive____:____:____:____:____:lacking
pleasant____:____:____:____:____:painful
expressed genuine concern____:____:____:____:____:routine procedural technique

Question 10, stated "In general, would you say that your feelings about the touch you received during labor were positive, somewhat positive, neutral, somewhat negative or negative?"

RESULTS AND DISCUSSION

The answers to the interview questions were analyzed in terms of A) overall perceptions regarding being touched during labor, B) positive experiences regarding being touched during labor, and C) negative experiences regarding being touched during labor.

In response to question 10 on the interview schedule, "In general, would you say that your feelings about the touch you received during labor were positive, somewhat positive, neutral, somewhat negative or negative?", ninty-three women replied positive, thirty-one women replied somewhat positive, fourteen women were neutral, six were somewhat negative, and six were negative. Thus, being touched, in general, was a positive experience for women in labor. The sample was examined in terms of age, parity, length of labor, race, marital status, infant weight, classification, anesthesia, and attendance at childbirth education classes to see if any significant difference in these variables existed among those subjects who felt positively about being touched during labor, those subjects who felt neutral, and those subjects who felt negatively about being touched during labor. Because the number of subjects who responded negatively about being touched was so small, the categories of somewhat negative and negative were combined into one category as were the categories of positive and somewhat positive. Thus, three categories of responses to being touched were available for comparison. Chi Square values were computed for each variable. The following results were found:

1. Age and Perceptions of Touch: The subjects in the age groups 20-29 and 30-34 perceived touch more positively ($p < .05$) than did the subjects in the age

group 15-19. (See Table I.) To explain this, one might assume that the younger age group is more likely to be having first children, hence their labors are longer than those of the other age groups, thus contributing to more negative feelings about the total labor situation. However, in this particular sample, neither the length of labor nor parity is significantly different among the groups who perceived touch as positive, neutral, or negative. In addition, no significant correlation between perceptions of labor and perceptions of touch exists. Also, there is no significant difference among age groups with regard to length of labor.

Table 1

Relationship Between Age and Perceptions of Touch Received During Labor

	Perceptions of Touch		
Age	Positive	Neutral	Negative
15-19	35	8	8
20-29	80	5	4
30-34	9	1	0

$X^2 = 11.12$ df = 4 $p < .05$

2. Race and Perceptions of Touch: There is a significant difference in the perceptions of touch between White and Nonwhite subjects ($p < .001$). As seen in Table II, the White subjects perceived touch more positively than did the Nonwhite subjects.

The Nonwhite group included forty-four Blacks, four Spanish, and one Chinese. Although there were Nonwhite personnel on the delivery staff, the majority of the personnel were White. The labor and delivery room nursing staff consisted of twenty-two White and seven Black personnel. At the time data was collected, there was

also one Black resident on the service. Only one subject, a Black, mentioned the race of the person who touched her. She described an experience with the Black resident. No conclusion about interracial contact can be made from the data gathered in this study, other than noting race as a significant variable, since no information was collected on the race of the person touching the subject.

Table II

Relationship Between Race and Perceptions of Touch Received During Labor

	Perceptions of Touch		
Race	Positive	Neutral	Negative
White	93	1	7
Nonwhite	31	13	5

$X^2 = 26.82$ df = 2 $p < .001$

3. Marital Status and Perceptions of Touch: As seen in Table III, single or divorced subjects perceived touch more negatively than did married or separated subjects ($p < .001$).

This difference may be due primarily to who was touching the subjects during labor. Almost all of the married women had their husbands with them during labor and one separated woman had her husband with her. On the other hand, the single and divorced women had other family members or hospital personnel with them during labor.

Table III

Relationship Between Marital Status and
Perceptions of Touch Received During Labor

Marital	Perceptions of Touch		
	Positive	Neutral	Negative
Married or separated	99	4	8
Single or Divorced	25	10	4

$X^2 = 17.55$ df = 2 $p < .001$

4. The other variables hypothesized to influence subjects' overall perceptions of touch during labor, namely infants' weight, subjects' hospital classification (private or clinic), kind of anesthesia used, attendance at childbirth education classes, subjects' comparison of their actual labor experience with their expectations regarding it, the length of time someone else was present during the labor period, subjects' perceptions of backrubs received during labor, and subjects' evaluations of the amount of touch received, were not found to be significantly related.

5. Individual Perceptions of Touch and Overall Perceptions of Touch: Pearson Product Moment Correlations were done between the subjects' responses to each pair of words in questions 8 and 9 and their overall perceptions of the touch they received during labor. (See Table IV). Although twenty-seven of the thirty-two correlations were statistically significant at the .01 level of confidence, none accounted for more than half of the variance from any variable, and therefore, none have a high predictive value. The population as a whole felt strongly positive about being touched. Had there been more subjects who felt negatively about being touched during labor, the correlations might have been higher.

Table IV

Correlations Between Word Pairs and Overall Perceptions of Touch Received During Labor

WORD PAIR	CORRELATION
Accepted - Unaccepted	.32
Reassured - Frightened	.47
Relaxed - Tense	.48
Understood - Misunderstood	.24
Closer to the Person Touching You - More Distant From the Person Touching You	.27
Cared For - That Your Privacy Was Invaded	.43
Supported By Another Person - Left Alone	.38
More Able to Follow Directions - Distracted	.51
Safe - Unsafe	.45
More Aware of What Was Happening - Less Aware of What Was Happening	.20 (ns)
Comforted - Rejected	.56
More Aware of What the Person Touching You Was Saying - Less Aware of What the Person Touching You Was Saying	.32
Respected as an Individual - Ignored as an Individual	.42
More Trusting of the Person Touching You - Less Trusting of the Person Touching You	.41
Secure - Threatened	.52
Calm - Irritated	.49
Encouraged - Restrained	.52
Able to Rely on the Other Person - Wish to be Left Alone	.66
Less Nervous - More Nervous	.43
Warmth - Frustration	.48
More Able to Tell the Person Touching You How You Felt - Less Able to Tell the Person Touching You How You Felt	.19 (ns)
Warm - Mechanical	.33
Gentle - Rough	.42
Supportive - Impersonal	.42
Lacking - Excessive	.37
Pleasant - Painful	.41
Expressed Genuine Concern - Routine Procedural Technique	.33

6. Positive and Negative Experiences: In interview questions 6 and 7, each subject was asked to describe a positive and a negative touch experience during labor. One hundred and fifteen subjects were able to do so. Of these

fifty-three described both a positive and a negative experience, forty-eight described only a positive experience, and fourteen described only a negative experience. In all, one hundred and one positive experiences and sixty-seven negative experiences were described. Thirty-five subjects were unable to describe either a positive or a negative touch experience. Using a Chi Square formula, a comparison of those subjects who described experiences and those subjects unable to describe experiences was done. There was no significant difference between the two groups in terms of parity, race, attendance at childbirth education classes, marital status, overall perceptions of touch received during labor, age, classification, infant weight, length of labor, and type of anesthesia used for delivery.

a. Who Touched the Subject and Perceptions of Touch: One of the research questions to be answered from the responses to questions 6 and 7 was "Is there a relationship between who touched the patient and whether that touch experience was perceived as positive or negative?" The Chi Square was used to derive an answer to this question. Table V shows the distribution of who touched the subject in terms of positive and negative experiences.

The doctor was the person who did the touching in most of the negative experiences. In general, the negative experiences which were described involved some type of procedure, i.e., pelvic examinations, abdominal palpations, etc. Since the physician performed most of these procedures, he was the source of most touch which was perceived as negative. The largest group that did the touching in the positive experiences was the husband. However, a wider range of persons was involved in providing support than was involved in doing procedures, thus, more than one group gave touch that was perceived predominantly as positive. The significance of who touched the subject may be confounded with the reason for the touch, i.e., subjects may have said their perceptions depended

on who gave the touch when they were also dependent on the circumstances under which the touch was given.

Table V

Relationship Between Who Touched the Subject and Perceptions of the Touch Experience

Person Touching the Subject	Negative Experience	Positive Experience
Doctor	49	13
Husband	8	48
Relative, Friend	1	15
Nurse	9	25

$X^2 = 65.04$ df = 3 $p < .001$

b. Part of the Body Touched and Perceptions of Touch: Another research question to be answered from the data gathered in response to questions 6 and 7 was "Is there a relationship between the part of the body that was touched and whether that touch was perceived as positive or negative?" Using a Chi Square formula, a significant difference was found between where the subject was touched and her perception of the touch experience ($p < .001$). This difference is shown in Table VI.

The places touched most frequently during the negative experiences were the pelvic area and abdomen. Pelvic examinations and abdominal palpation, to determine the quality and character of uterine contractions, were the most commonly described negative experiences. The area most frequently touched during positive experiences was the hand.

No procedures were done which primarily involved touching the hand. Consequently, subjects know that this physical contact was not a necessary part of their care. Since it was a nonnecessary form of touch, touching the hand conveyed interest and concern.

Table VI

Relationship Between Where the Subject Was Touched and Perceptions of the Touch Experience

Part of Body	Positive Experience	Negative Experience
Hand	59	3
Back	11	5
Arm, Shoulder	8	3
Abdomen	6	19
Pelvic Area	0	35
Head, Face	13	1
Other	4	1

$X^2 = 106.43$ df = 6 $p < .001$

c. Effect of Touch and Perceptions of Touch: Another question to be answered from the data gathered in response to questions 6 and 7 was "Is there a relationship between the subject's perception of how helpful the touch was and her perceptions of the touch she received during labor?" Subjects were asked to state whether they thought the touch experience that they described helped them, hindered them, or had no effect on them in terms of coping with their labor. Using a Chi Square, a significant difference was found between the effect of the touch and whether the experience was positive or negative ($p < .001$). Subject responses are shown in Table VII. All the subjects who described a positive experience stated that it helped them. There was fairly even distribution among the negative experiences in terms of help, hindrance, or no effect. It is interesting to note that one-third of the subjects state that the negative experiences helped them. One reason given for this perception of help was that knowing that they had made progress in labor, as determined by a pelvic examination, was helpful.

Table VII

Relationship Between Effects of Touch
and Perceptions of Touch Experience

Effect	Positive Experience	Negative Experience
Helped	101	19
Hindered	0	22
No Effect	0	26

$X^2 = 101.30$ df = 2 $p < .001$

d. Meaning of Touch: In an attempt to answer the research question "What is the relationship between the meaning or purpose of the touch received (as described by the receiver) and her perceptions of the touch she received during labor?" Subjects were asked "What did this touch mean to you?" and "Why did they touch you or why do you think you were touched?" as a part of interview questions 6 and 7. These open-ended questions gave the subjects an opportunity to describe touch as they wished rather than placing them in the constraints of a structured interview question. The literature uses words such as support, reassurance, and sustaining presence to describe the effects of touch. Since the subjects also described touch in these types of terms, some face validity for the terms used in the literature can be assumed.

A wide variety of responses were given by the subjects to these questions. To consider each response in detail would be tedious and confusing. Therefore, responses were grouped together when like or synonymous terms were used.

(1) Meaning of Touch - Positive Experiences: One hundred and one subjects described a situation in which the touch they received was a positive experience for them. The most frequent response, given by twenty subjects, to the question "Why did they touch you or why do you think you were touched?" was "to help me."

Some subjects were able to describe specific ways that they were helped such as "to help reassure me" or "to help calm me down." The second most common response for being touched, given by thirteen subjects, was that they were touched because they asked for it or reached out for it. Nine subjects said they were touched for reassurance and eight subjects perceived touch as a means of comfort or a way to make them comfortable. The rest of the subjects' responses varied widely.

In the positive experience, the most frequent responses to the question "What did this touch mean to you?" were reassurance (17), caring (17), someone was there with me (16), security (8), pain relief (6), and comfort (5). A variety of other responses were given. This data suggests that the use of touch is one way to communicate reassurance and concern.

(2) Meaning of Touch - Negative Experience: Sixty-seven subjects described a situation in which the touch they received was a negative experience. In response to the question "Why did they touch you or why do you think you were touched?" subjects often related this touch to the procedures performed during the course of labor. However, a few experiences had to do with supportive types of touch which had been used early in labor, but became annoying to the subjects as labor progressed. Assessing progress in labor, checking cervical dilatation, and determining quality of contractions, accounted for over one-half of the responses (38). A small number of subjects (5) stated they were "touched" because the person touching them wanted "to help." Thus, even though an experience with touch may be described as negative, touch may still be perceived as a way to express a caring attitude.

Because a large proportion of the negative touch experiences dealt with procedures during labor, "It hurt," was the most frequent response (26) given to the question "What did this touch mean to you?" A variety of subjects (17)

also expressed negative emotions such as irritation, annoyance, or dislike. On the other hand, some subjects (6) perceived such touch as a way to show caring and concern. A few subjects (6) stated that "it had to be done."

SUMMARY

The following statements present a summary of the major findings of the study:

As a whole, the overall perceptions that maternity patients had about the touch that they received during labor was that touch was a positive experience. A significant difference was found in age ($p < .05$), race ($p < .001$), and marital status ($p < .001$). Younger subjects, ages 15-19, perceived touch more negatively than did the rest of the sample. White subjects perceived touch more positively than did Nonwhite subjects. Single or divorced subjects perceived touch more negatively than did married or separated subjects.

A significant difference was found between who touched the subjects and their perceptions of the touch experiences ($p < .001$). Doctors were responsible for most of the touch in the negative touch experiences and husbands were responsible for most of the touch in the positive touch experience.

A significant difference was found between the part of the body that was touched and the subjects' perceptions of the touch experience ($p < .001$). In the negative experiences, pelvic examinations and abdominal palpations accounted for the majority of the touches. Hand touches were mentioned most often by subjects when they described positive experiences.

The most frequent terms used to describe the meaning or purposes of the touch received in the positive experiences were "to help me," "I reached out for it," "I asked for it," "reassurance," "comfort" "caring," "someone was there with me," "security," and "pain relief." In the negative experiences, the most

common reason given for being touched related to procedures performed during labor. "It hurt" was the most frequent response given to the question "What did this touch mean to you?"

This study contributes to the knowledge about the use of touch in human interaction in two ways. First, the findings support subjective remarks noted in the literature. Second, the study covers an area not included in previous research - the receiver's perceptions of his touch experiences. Thus, it looks at the meaning of touch, not just its general effect, emphasizing variables related to the source and the receiver which influence perceptions of touch. Attitudes toward touch are context-related. Tactile experience may be positive or negative depending on the relationship of the source to the receiver and what part of the body is touched.

Since being touched by her husband is, in general, a positive experience for the laboring woman, professional staff members should provide opportunities for the husband to use physical contact with his wife during labor. In addition, guidance in the use of supportive touch can be given in expectant parent classes. In this way, couples might practice various types of touch before labor in order to increase the likelihood that it will be helpful to the wife when it is used during the stress of labor. In addition, doctors and nurses could be encouraged to use touch as a means of providing reassurance and support to the laboring woman instead of only as a method by which various procedures are completed.

One of the purposes of this study was to generate hypotheses which could be tested in future research. To broaden the implications of the findings in this study to other medical settings or to stressful situations in other contexts, the following hypotheses might be investigated:

Touch is perceived more positively if the source and the receiver are of the same race.

White subjects perceive touch more positively than do Non-white subjects.

Adolescent subjects perceive touch more negatively than do adult subjects.

Touch given by family members is perceived more positively than the touch given by hospital staff members.

Hand touches are perceived more positively than touches elsewhere on the body.

Supportive touch is conveyed most frequently by hand touches.

Married subjects perceive touch more positively than do nonmarried subjects.

In stressful situations, touch is perceived as a means of support and concern.

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